

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

990

STATE FILE NUMBER

FILED MAR 8 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

35 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

TRINITY LUTHERAN Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

KANSAS CITY

d. STREET
ADDRESS

(If outside, give location)

3420 HARRISON STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARRY

(NONE)

BURNS

4. DATE
OF DEATH

Month

Day

Year

FEBRUARY 13TH 1963

5. SEX

MALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-17-82

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miller

10b. KIND OF BUSINESS OR INDUSTRY

GENERAL MILLS PETERSBURG ILLINOIS

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

ROBERT N. BURNS

13b. MOTHER'S MAIDEN NAME

MARY ELIZABETH BREWER DAISY BURNS

14. NAME OF HUSBAND OR WIFE

DAISY BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

NONE

16. SOCIAL SECURITY NO.

722 ELLIS M. LINVILL, 3925

17. INFORMANT

KANSAS CITY Address Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

verruia

Chronic Nephritis

Rubeola selenium -

INTERVAL BETWEEN ONSET AND DEATH

12 WEEK

1 YEAR

5 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1, 1963 to 2/13/63 and last saw her alive on 2/13/63
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. B. Casbolt M.D.

22b. ADDRESS

4000 Baltimore Rd EMO

22c. DATE SIGNED

2-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

2-15-63

23c. NAME OF CEMETERY OR CREMATORY

Coughill Cemetery Coughill

23d. LOCATION (City, town, or county)

Missouri

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS

ADDRESS

1831 BRUSH CREEK BLVD.

25. DATE RECD. BY LOCAL REG.

2-14-63

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF M. B. Casbolt MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No.

4914

P.O. Address

Indp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.